



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
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llr.sc.gov/med

2019-2021 RENEWAL APPLICATION FOR ACUPUNCTURISTS

Renewal Instructions/Requirements:

- Mail completed application and renewal fee in the form of a check or money order (no cash) in the amount of \$145.00 made payable to the S.C. Board of Medical Examiners to the address listed above. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- Applications must be postmarked on or before September 30, 2019. After September 30, 2019, licenses will lapse and be subject to a \$50 per month late fee.

SC License No.: _____

To find your Congressional District: <http://www.scstatehouse.gov/legislatorssearch.php>

LICENSEE INFORMATION

Last Name: _____ First: _____ Middle: _____

Since you were licensed, have you legally changed your name? ☐ Yes ☐ No Maiden Name: _____
If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____ District: _____
Congressional District (SC Residents Only)

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Phone No.: _____ Fax No.: _____

Email: _____

Business Name (Primary Employer): _____

Business Address: _____ City: _____

State: _____ Zip: _____ County: _____

Business Phone No.: _____ Business Fax No.: _____

Business Email: _____

Total Number of Employers (including your primary employer): _____

Approximate Number of Hours Per Week Spent in Acupuncture or Related Work for all Employers: _____

For Auricular Therapists and Auricular Detoxification Therapists only:

Supervising Physician: _____ Supervising Physician License No.: _____

Activity Status: (Check only one)

☐ 01 Currently practicing profession ☐ 02 Not currently practicing profession ☐ 08 Retired

NATIONAL CERTIFICATION

Select and attach a copy of your National Certification certificate.

☐ National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)

Expiration Date: _____

☐ National Acupuncture Detoxification Association Certificate (NADA)

☐ Other National Certification: _____

If you are willing for your name to be added to a list of volunteer Acupuncturists who may be called upon in the event of a public health emergency situation, please check this box: ☐

PERSONAL HISTORY QUESTIONS

If you answer Yes to any of the below questions, please attach a detailed written explanation along with any supporting documentation.

1. Since your last renewal (or if this is your first renewal since your initial license application), has any Order or other disciplinary action been rendered against you by any governmental professional licensing body (other than SC Board of Medical Examiners)? ☐ Yes ☐ No
2. Since your last renewal (or if this is your first renewal since your initial license application), have any hospital privileges or other professional privileges of any kind been revoked, suspended, restricted, denied, voluntarily surrendered or relinquished? (Include the relinquishment of privileges while under investigation or pending action for any reason. Do not include the relinquishment of privileges as a result of a personal decision.) ☐ Yes ☐ No
3. Since your last renewal (or if this is your first renewal since your initial license application), have you experienced any disease or conditions, physical, mental or emotional (i.e., bipolar disease, schizophrenia, paranoia or any other psychotic disorder) that might interfere with your ability to competently and safely perform the essential functions of practice? (If you have voluntarily enrolled in Recovering Professionals Program (RPP) and have remained in full compliance, you may answer "No" with respect to any condition involving abuse of alcohol or drugs.) ☐ Yes ☐ No
4. Since your last renewal (or if this is your first renewal since your initial license application), have you been convicted, pled guilty or nolo contendere to a felony of any kind or to a non-felony crime involving drugs or moral turpitude? ☐ Yes ☐ No
5. Since your last renewal (or if this is your first renewal since your initial license application), have you voluntarily restricted or curtailed your practice other than for retirement, family leave or vacation? ☐ Yes ☐ No
6. Since your last renewal (or if this is your first renewal since your initial license application), has there been any change in the status of your lawful presence in the United States? ☐ Yes ☐ No

ATTESTATION

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina licensure.

Signature: _____ Date: _____

PRIVACY NOTICE

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical purposes.